

# HAWAII STATE ETHICS COMMISSION

## DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

<b>NAME (Last, First, Middle)</b> Lau, Laurence Kenneth	<b>STATE POSITION HELD: (Dept/Div or Board/Commission)</b> Deputy Director for Environmental Health  <b>TERM OF OFFICE (Begin/End):</b> 4-1-2003 /
--	--

**FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN.**  
 USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

### ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	State of Hawaii - Dept of Health 1250 Punchbowl Street, 3d Flr Honolulu, HI 96813	E	administration
SP	East of Java 1421 S. Beretania Street Honolulu, HI 96814	B	sales
SP	Williams Sonoma 1450 Ala Moana Blvd. Honolulu, HI 96814	A	sales
DC	Brooks Institute of Photography Santa Barbara, CA 93101	A/B	teaching asst.

☐ Check here if entry is None

☐ Check here if additional sheets are attached

### ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP,DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
F	American Electric Power	power	stock	550 shares
F	ATT	communications	stock	2000 shares
F	Applied Material	computer equip.	stock	400 shares
F	Keycorp	banking	stock	480 shares
F	Goldman Sachs	banking	stock	4000 shares
F	Royal Bank of Scotland	banking	stock	1000 shares
F	Merrill Lynch	financial investment	account owner	F
F	DWS mutual fund	financial investment	account owner	B
F	Met Life	life insurance	owner/beneficiary	G-cash
F	Bank of America	banking	stock	8000 shares
F	Charles Schwab	financial investment	account owner	I
SP	Charles Schwab	financial investment	account owner	F
SP	Volksbank Karlsruhe	bank	account owner	C
DC	Delaware Investments	financial investment	HI 529 acct	D

☐ Check here if entry is None

☒ Check here if additional sheets are attached

# HAWAII STATE ETHICS COMMISSION

## DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

<b>NAME (Last, First, Middle)</b> <i>Lau, Laurence Kenneth</i>	<b>STATE POSITION HELD: (Dept/Div or Board/Commission)</b> <i>Deputy Director for Environmental Health</i> <b>TERM OF OFFICE (Begin/End):</b> <i>4-1-2003 1</i>
---	--

**FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN.**  
 USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

### ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED

☐ Check here if entry is None
☐ Check here if additional sheets are attached

### ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP,DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
DC	Delaware Investments  this is an additional sheet	financial investment	HI 529 acct	E

☐ Check here if entry is None
☐ Check here if additional sheets are attached

*p. 2A*

**ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES**

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER
F	American Electric Power, all shares	12/18/06
F	ATT, all shares	12/18/06
F	Applied Material, all shares	12/18/06
F	Keycorp, all shares	12/18/06
F	DWS mutual fund, all shares	12/18/06
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached		

**ITEM 4: CREDITORS**

List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

F,SP, DC,JT	NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
F	American Savings Bank P.O. Box 2300 Honolulu, HI 96804-2300	F	F
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached			

**ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS**

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	Trust of Laurence K. Lau, dated 11-28-94 residence	trustee	indefinite	none
SP	Trust of Barbara L. Schwaiger, dated 11-28-94 residence	trustee	indefinite	none
F	Kenneth K. Lau Trust dated 9-8-03 residence	co-trustee	wind-up	none
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached				

**ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)**

List interests in real property in or outside of the State held during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	VALUE
JT	Kalihiwai Ridge, Phase II, Lot 29, Unit 5 Kilauea, Kauai, HI 96754	5-2-022-027	J
<input type="checkbox"/> Check here if entry is None <span style="float: right;"><input type="checkbox"/> Check here if additional sheets are attached</span>			

**ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S)**

List interests in real property in or outside of the State acquired during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
<input checked="" type="checkbox"/> Check here if entry is None <span style="float: right;"><input type="checkbox"/> Check here if additional sheets are attached</span>			

**ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED, EXCLUDING PERSONAL RESIDENCE(S)**

List interests in real property in or outside of the State transferred during the disclosure period, if the interest has a value of \$10,000 or more. Real property that was your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
<input checked="" type="checkbox"/> Check here if entry is None <span style="float: right;"><input type="checkbox"/> Check here if additional sheets are attached</span>			

**ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES**

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY

☒ Check here if entry is None☐ Check here if additional sheets are attached**ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES**

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE

☒ Check here if entry is None☐ Check here if additional sheets are attached

**CERTIFICATION:** I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE

DATE